

TT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

SEP 15 2016 AB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CASSER N. Williams

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

SHERIFF Tom Part
Supt. Jillian
Commander Tate

16-cv-8077

Case No:

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: CASSER N. WILLIAMS

B. List all aliases: N/A

C. Prisoner identification number: 20151018026

D. Place of present confinement: Cook County Jail

E. Address: P.O. Box 089002 Chicago, Illinois 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Sheriff Tom Part
Title: Sher. PP
Place of Employment: Cook County Sheriff Department

B. Defendant: Supt Julian
Title: Superintendent Division 6
Place of Employment: Cook County Jail Division 6

C. Defendant: Commander Tate
Title: Commander Division 6
Place of Employment: Cook County Jail Division 6

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: NIA

B. Approximate date of filing lawsuit: NIA

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NIA

D. List all defendants: NIA

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NIA

F. Name of judge to whom case was assigned: NIA

G. Basic claim made: NIA

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): NIA

I. Approximate date of disposition: NIA

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

on the date of 7-12-2016 me and my cellmate had a problem with the sink in our cell we could not cut off our water, the button on the sink would not cut off, and our water ran until the sink was full of water, also the drain in the sink was stopped up, so the water could not drain out of the sink then the plummer came and cut off our water and we had no water in the cell for the next five days and the plummer never came back to fix the problem.

Statement

In Summary, Plaintiff Cassandra Williams is writing this statement as to why this case should not be dismissed for failure to exhaust his administrative remedies prior to filing this lawsuit.

Because, plaintiff gave Staff and Defendants more than enough reasonable time to respond to a grievance and appeal forms prior to filing this lawsuit, I gave Defendants more than enough time to respond.

Sincerely Plaintiff

Cassandra M. Williams

V.

Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want \$150,000⁰⁰ Compensatory damages
For Cruel & Unusual punishment and
Punitive damages in the amount
of \$100,000⁰⁰ For Mental Anguish
I claim itized

VI. The plaintiff demands that the case be tried by a jury.

YES

NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 30 day of July, 20 16

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

2016 7336

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Casser

ID Number (# de identificación):

20151018026

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 - Facility Repair

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 01/29/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Wrote 070 & submitted to 2nd floor

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/1/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

GRIEVANCE SUBJECT CODE: 070

NON-GRIEVANCE SUBJECT CODE: _____

9/1/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido):

9/1/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

Because at that time no one came to fix the sink.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o su designado(a))

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)): _____

On your Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha):

9/2/16

INMATE SIGNATURE (Firma del Preso):

Casser Williams

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibio respuesta a su apelacion):

9/3/16



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

DIVISION (División):

Div 6 1-C cell #19

PRINT - FIRST NAME (Primer Nombre):

Casser

LIVING UNIT (Unidad):

Div 6 1-C cell #19

INMATE BOOKING NUMBER (# de identificación del detenido)

20151018026

DATE (Fecha):

7-17-2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario.

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

7-12-2016 Time Was 9:30PM Dorm 1-C cell #19
 on the date of 7-12-2016 me and my roommate had a problem with
 sink in our cell we could not cut our water off, the button on the sink
 would not cut off, and our water ran until the sink was full of water
 also the drain in the sink was stoped up, so the water could not drain
 out of the sink, then the plumer came and cut off our water, and we had
 no water in the cell for the next five days and the plumer never came back

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)

the plumer never came back to fix the sink.
 we need the plumer to Fix the Sink.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Casser Williams 7-17-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

L. Smith

SIGNATURE:

K. Smith

DATE CRW/PLATOON COUNSELOR RECEIVED:

7-18-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

K. Smith

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

DIVISION (División):

Div 6 I-C cell #19

PRINT - FIRST NAME (Primer Nombre): Casser

LIVING UNIT (Unidad): Div 6 I-C cell #19

INMATE BOOKING NUMBER (# de identificación del detenido): 20151018026

DATE (Fecha): 7-17-2016

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

7-12-2016 Time Was 9:30PM Dorm I-C Cell #19
 on the date of 7-12-2016 me and my roommate had a problem with sink in our cell we could not cut our water off, the button on the sink would not go off, and our water ran until the sink was full of water also the drain in the sink was stoped up, so the water could not drain out of the sink, then the plumer came and cut off our water, and we had no water in the cell for the next five days and the plumer never came back

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)

the plumer never come back to fix the sink.
 we need the plumer to Fix the Sink.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Casser Williams 7-17-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

I. Smith

SIGNATURE:

K. Smith

DATE CRW/PLATOON COUNSELOR RECEIVED:

7-18-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

K. Smith

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

DIVISION (División):

Div 61-C cell #19

PRINT - FIRST NAME (Primer Nombre):

Casser

LIVING UNIT (Unidad):

Div 61-C cell #19 8-25-16

INMATE BOOKING NUMBER (# de identificación del detenido)

20151018026

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

7-12-2016 Time Was 9:30 pm Dorm I-C cell #19
 on the date of 7-12-2016 me and my Cellmate had a problem
 with sink in our Cell we Could not Cut our water off,
 the button on the sink would not Cut off, and our water
 ran entill the sink was full of water, also the drain, in
 the sink was stopped up so the water Could not drain out of
 the sink, then the Plumber Came and Cut off the water
 and we had no water, for the next five days
 the Plumber never came back to Fix the Sink

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Casser-n Williams 8-25-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

R Smith

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/26/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Williams

DIVISION (División):

Div 6 I-C cell #19

PRINT - FIRST NAME (Primer Nombre):

Cassier

LIVING UNIT (Unidad):

Div 6 I-C cell #19

INMATE BOOKING NUMBER (# de identificación del detenido):

20151018026

DATE (Fecha):

7-17-2016

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Cassier Williams 7-17-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

K. Smith

SIGNATURE:

K. Smith

DATE CRW/PLATOON COUNSELOR RECEIVED:

7-18-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

K. Smith

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

2016 7336

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Cassie

ID Number (# de identificación):

20151018026

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 - Facility Repair

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 8/30/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/1/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: 070
 NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Cassie Williams

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

9/1/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

9/1/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

Because at that time no one came to fix the sink.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)).

On going Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): *J Mueller*SIGNATURE (Firma del Administrador o / su Designado(a)): *J*

DATE (Fecha):

9/2/16

INMATE SIGNATURE (Firma del Preso): *Cassie Williams*DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

9/3/16

002365
070COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación) GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

Mja

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Casser

ID Number (# de Identificación):

20151018036

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 Facility Repairs

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

WTO # 103983

7/18/16

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

7/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida): GRIEVANCE SUBJECT CODE: _____

Casser Williams

7/21/16

 NON-GRIEVANCE SUBJECT CODE: _____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí) No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____

/ /

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)0002365
070INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

WILLIAMS

INMATE FIRST NAME (Primer Nombre):

CASSE R

ID Number (# de identificación):

20151018036

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 Facility Repairs

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

DWI # 103983

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

7/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

7/21/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida): GRIEVANCE SUBJECT CODE: _____

Casser Williams

7/21/16

 NON-GRIEVANCE SUBJECT CODE: _____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE.
(Fecha en que el Preso recibió respuesta a su apelación): _____



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

082385
070

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

Nja

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Casser

ID Number (# de identificación):

20151018036

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 Facility Repairs

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

7/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Casser Williams

DATE RESPONSE WAS RECEIVED:
 (Fecha en que la respuesta fue recibida):

7/21/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
 (Fecha en que el Preso recibio respuesta a su apelacion): _____ / _____ / _____

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

*Mja***INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

Williams

INMATE FIRST NAME (Primer Nombre):

Casser

ID Number (# de identificación):

*20151018036***GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 Facility Repairs

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Manager

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

7/18/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SWTO # 103983

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

7/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

*Casser Williams*DATE RESPONSE WAS RECEIVED:
 (Fecha en que la respuesta fue recibida):*7/21/16***INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): */ /*

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): */ /*

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
 (Fecha en que el Preso recibió respuesta a su apelación):*/ /*